

Employee Counselling Form

Employee Information:

- Full Name: _____
- Job Title: _____
- Department: _____
- Contact Number: _____

Reason for Counselling:

- Performance Issues
- Workplace Conflict
- Personal Problems
- Career Development
- Other (Specify): _____

Details of Concern:

Supervisor's Feedback (if applicable):

Agreed Action Plan:

Issue Addressed	Solution Proposed	Timeline	Follow-up Date

Additional Notes:

Employee Signature: _____

Counsellor Signature: _____

Date: _____